

## SENDER, COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Julie Ferrell  
c/o Michael R. Gray  
500 IDS Center  
30 South Eighth Street  
Minneapolis, Minnesota  
55402

## 2. Article Number

(Transfer from service label)

7006 3450 0000 3378 9496

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

X *Shirley Shyrin*

- ☐
- Agent
- 
- ☐
- Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

26 Nov

## D. Is delivery address different from item 1?

- ☐
- Yes

If YES, enter delivery address below:

- ☐
- No

## 3. Service Type

- ☐
- Certified Mail
- ☐
- Express Mail
- 
- ☐
- Registered
- ☐
- Return Receipt for Merchandise
- 
- ☐
- Insured Mail
- ☐
- C.O.D.

## 4. Restricted Delivery? (Extra Fee)

- ☐
- Yes